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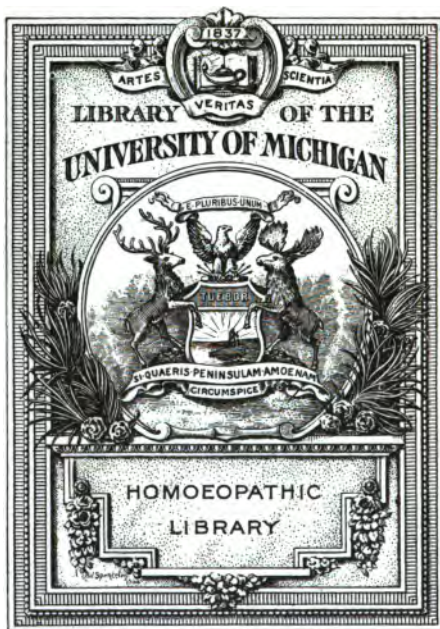
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How to Take the Case AND TO Find the Similimum

BY

E. B. NASH, M. D.

Author of "Leaders in Homœopathic Therapeutics," "Leaders in Typhoid Fever," "Regional Leaders,"
and "Leaders in the
Use of Sulphur."

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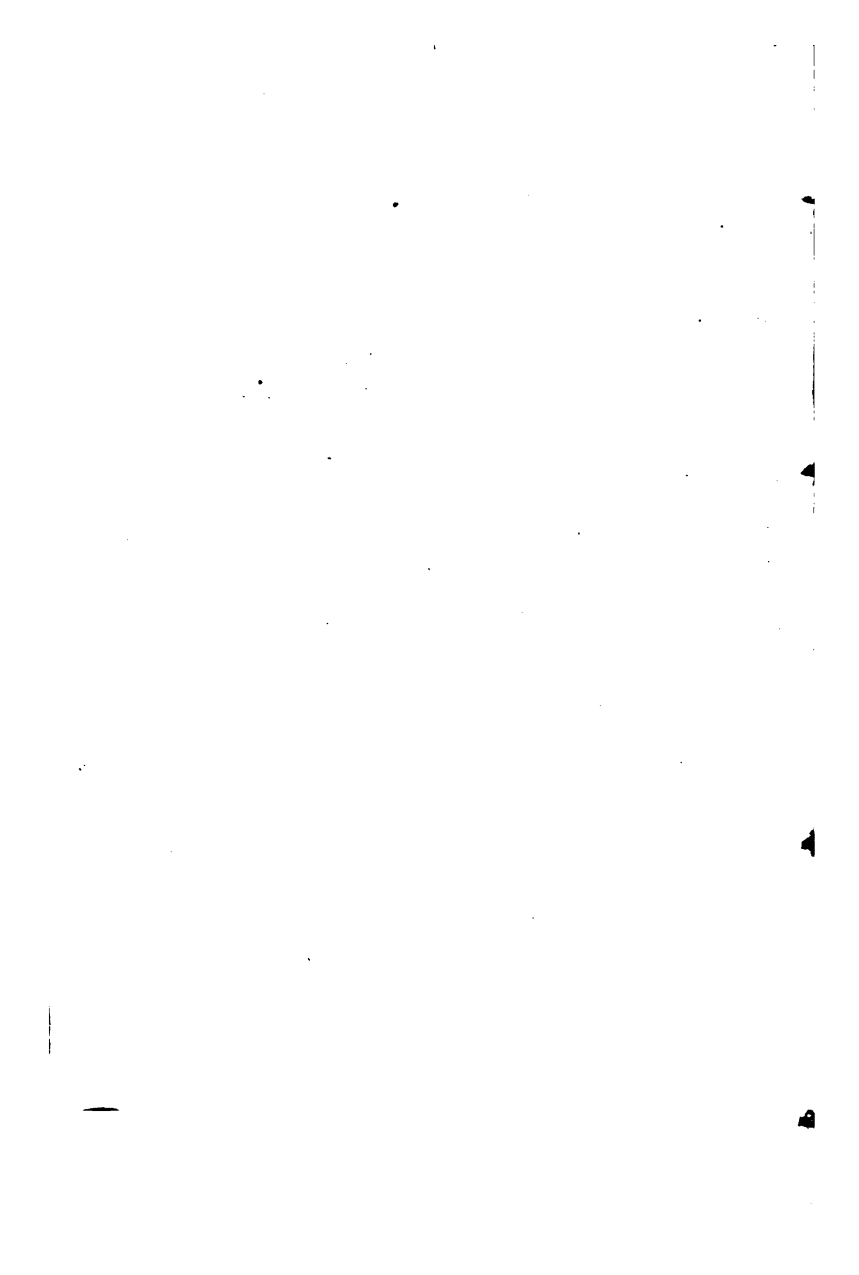
PREFACE.

I HAVE been questioned as to my method of selecting the remedy. This little book is the answer. It is no secret, but is attended with more difficulty and painstaking labor than many imagine.

I have often received cases for letter consultation in which they were so poorly, or meagerly taken, that no one could prescribe with any degree of accuracy. In others the work was so well done that I could do much both to help cure the case, and many times help the doctor to hold his patient, who would have sought relief elsewhere.

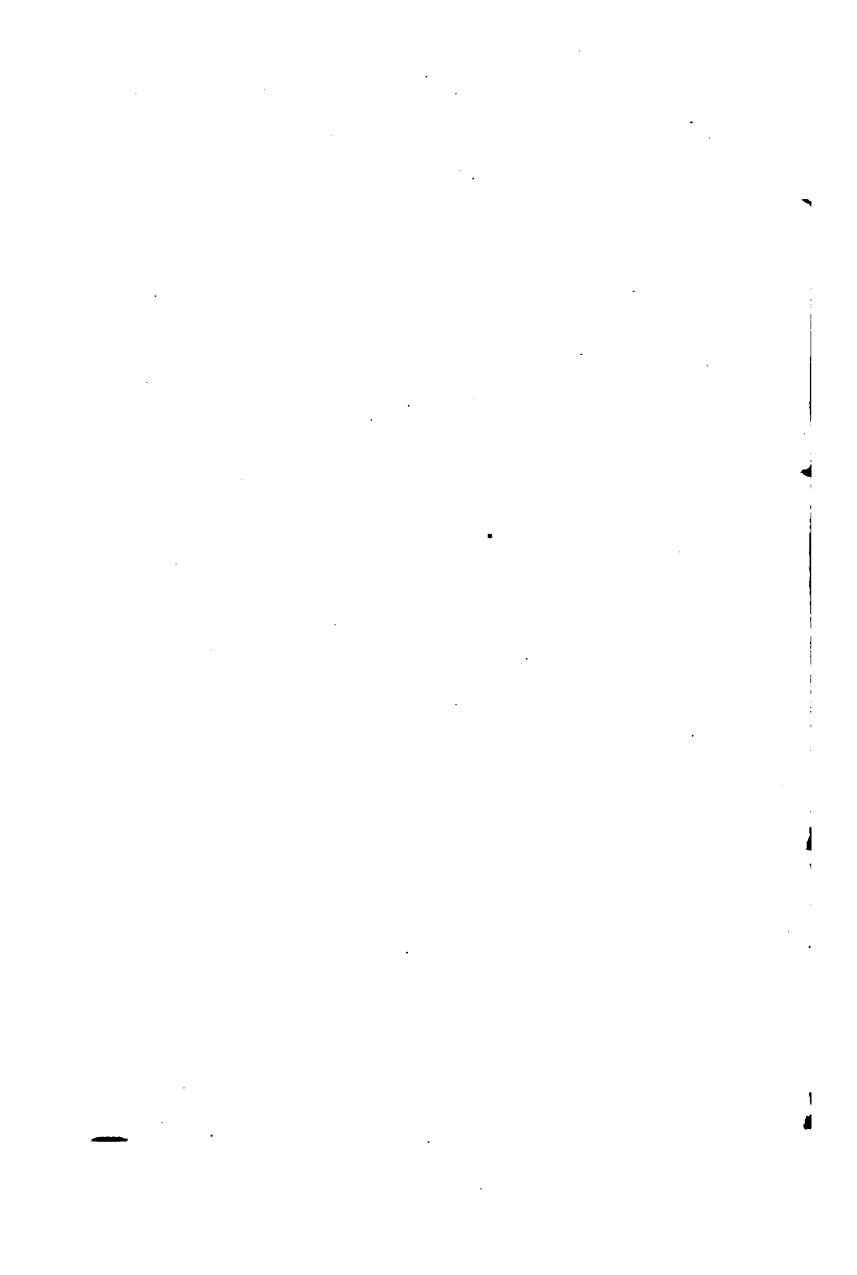
DR. E. B. NASH.

Port Dickinson, N. Y.



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HOW TO TAKE THE CASE

AND TO

FIND THE SIMILIMUM.

MANY failures to select the right remedy for the sick is due to a failure along the line of properly taking the case. We might as well undertake to recognize a person by looking at his hand, or hand and foot, as to cover the case with the appropriate remedy from a few symptoms when there are many to come into the complete picture.

Often times in a case half reported the very symptoms that are most important, so far as the selection of the remedy is concerned,

are left out. This is especially true with the homœopathic method of prescribing. It is so natural for a patient to think that if he tells us that he has a cold, or indigestion, or rheumatism, that we ought to be able to prescribe for him forthwith, and strange to say, I have met more than one physician who seemed to have no better conception of Homœopathy than this; and evidenced it by asking such questions as, "doctor, what is your best remedy for diphtheria," or rheumatism, etc.

There is, of course, only one proper answer to such a question, from a homœopathic standpoint, viz., the indicated one.

Dr. Constantine Lippe once told

me of a chronic recurrent quinsy of years standing which illustrates this point. Her family physician, in New York, had repeatedly failed to relieve it, and finally told the patient that the only way was to "grin and bear it," as there was no remedy. The patient asked permission to call in Dr. Lippe when she was coming down with another attack, and it was readily granted, with the remark that he would like to see what Homœopathy could do with such a case. So Dr. Lippe "*came, saw and conquered,*" aborting the attack with a dose of *Mercurius vivus*, that being the clearly indicated remedy. When the regular came to see the result, of course he was astonished,

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and promptly called on Dr. Lippe and asked the usual question of a regular doctor: "What is your remedy for quinsy?"

"I have no remedy for quinsy."

"But you did with Mrs. L. over there what I have not been able to do at all; what did you give her?"

"Oh, I gave her *Mercurius*, but the next case might not need that at all."

Then the doctor proceeded to instruct the regular in the art of prescribing. But the doctor answered with a sigh, "I am too old to go into all that."

There is no other way, and no cure ever was (except accidentally) or will be made in any other.

Homœopathy claims to be able

to do it.

to find the remedy in accordance with a law of nature as invariable as the law of gravitation, and abundant clinical results have proven the claim to be well founded.

The name of a disease may be helpful so far as calling to mind a class of remedies that have been found curative, but the symptomatology of the case in its entirety, and especially in those symptoms which are peculiar and characteristic, in correspondence with the remedy which in its pathogenesis has the same, must decide which ONE of the *class* is the true similitum.

But some one will object, I cannot wait to hunt down a case like that. Life is too short. I answer:

"Then you will wait for your *cure*, and life may be too short for that."

Of course, recovery may come (no thanks to us), but cure never.

Then if *Similia Similibus Curantur* is true, the taking of the case in the entire range of its symptoms is of first importance.

Where shall we begin?

LOCATION.

IN the majority of cases the *patient* will locate the trouble without our asking a question, as:

“Doctor, my head is troubling me.”

It may be a headache, vertigo or an eruption. It may be in the chest, as pneumonia, pleurisy, pericarditis or organic heart trouble; or, it may be in the abdomen in the region of stomach, liver, kidneys, or pelvic organs. In all such cases the patient will *locate* the pain, or other suffering, and we must if possible interpret in the light of our knowledge as physicians, and at the same time bear

in mind the remedies known to produce similar pain and suffering, in the same localities. Or, if not borne in mind, all that remains for us to do is to hunt for them in our repertories, or *Materia Medica*. For instance: Is there a pain in the upper right chest? *Arsenicum* acts characteristically there.

Right middle chest? *Belladonna*, *Sanguinaria*, *Calcarea osteoarum*, etc.

Lower right? *Chelidonium*, *Kali carbonicum*, *Mercurius*.

Left upper? *Myrtus*, *Pix liquida*, *Theridion*, *Sulphur*, *Tuberculinum*, etc.

Left lower? *Natrum sulphuricum*, *Phosphorus*.

Here I have named a few remedies that have a particular affinity

for these locations in the chest, and in all these cases, this is generally in connection with lung troubles, and further examination will disclose the one remedy most appropriate.

If such pains in the chest region should occur outside the lung itself, it might indicate *Bryonia*, *Squilla* or *Sulphur* in pleuritic troubles, or *Arnica*, *Cimicifuga*, *Ranunculus* or *Rhus toxicodendron* in rheumatic pleurodynia, or intercostal rheumatism.

It is not the province of this writing to draw the distinctions between remedies, which the case in all its local manifestations, concomitants and modalities would suggest, but to impress upon our

minds the importance that must attach to *locality*.

But one will truly object that sometimes the sickness or suffering does not localize. The patient, in answer to the question as to where the pain or suffering is located, answers:

“*All over*. I feel badly all over; weak, aching, sore, and trembling.”

This might be a case of incipient typhoid and *Gelsemium* or *Baptisia* would be in place, or the prostration might be the result of some drain on the system, as hemorrhage, leucorrhœa or loss of semen, and call for such remedies as *China*, *Phosphoric acid*, *Natrum muriaticum*, *Kali carbonicum* or *Stannum*, etc.

Still, although the trouble does not manifest itself in any particular part or organ (and some would relegate it to the realm of *Sensation*), I think it might come under the head of location, like absence of pain would come under the head of sensation. It is located *all over* and in no particular part. It is under the head of location in a negative sense, and significant. Now in either case we have made a good beginning in taking the case, and the next step is as to

SENSATION.

TROUBLE in what location? What about it? Is it pain; coldness; heat or burning; sweating; cramping; emptiness; fulness; or any other abnormal sensation? Describe it as nearly as possible.

Is it a BURNING pain or sensation? *Apis mellifica*; *Belladonna*; *Arsenicum*; *Cantharis*; *Capsicum*; *Phosphorus* and *Sulphur* all have that very markedly.

Is it STICKING pain? Then *Bryonia*, *Kali carbonicum* and *Squilla* come to mind.

Sense of FULLNESS? *Æsculus*; *China*; *Lycopodium* and *Carbo veg.*; especially if in the abdomen, pelvis or anus.

Is it a sense of EMPTINESS or GONENESS? *Cocculus; Ignatia; Phosphorus; Sepia* or *Sulphur*.

CONSTRICTION? *Cactus grandiflora; Natrum muriaticum*, etc.

CRAMPING? *Cuprum; Colocynth; Magnesia phosphorica*.

FAINTNESS? *Ignatia; Hepar sulphuris; Nux moschata; Nux vomica; Sulphur*.

NUMBNESS? *Aconite; Lycopodium; Platina; Rhus toxicodendron; Secale*, are prominent.

And so we might go on to mention many more sensations that have been observed in so-called disease and pathogenesis of drugs. These sensations are *for purposes of prescribing*, invaluable to the homœopathic physician, and

occur in almost every abnormal state to which flesh is heir.

Not of less importance in the taking of the case than Locality and Sensation is that which is termed

MODALITY.

WHAT aggravates or ameliorates?

First, as to time. Are all the symptoms worse in the MORNING? Remember especially such remedies as *Nux vomica*; *Natrum muriaticum*, *Podophyllum*, etc.

FORENOON? The same.

AFTERNOON? *Belladonna*; *Lycopodium*; *Apis mellifica*.

EVENING? *Aconite*; *Pulsatilla*, etc.

NIGHT? *Arsenicum*; *Mercury*; *Rhus toxicodendron*.

AFTER MIDNIGHT? *Arsenicum* (1 to 3 A. M.); *Kali carbonicum* (3 A. M.), *Rhus toxicodendron*.

As to circumstances:

Aggravation on MOVEMENT calls for such remedies as *Bryonia*; *Nux vomica* and *Arsenicum*.

Amelioration on MOVEMENT, *Rhus toxicodendron*; *Pulsatilla*; *Ferrum*; *Lycopodium*.

Aggravation on ASCENDING, *Arsenicum* and *Calcareo ostreorum*.

Aggravation in WET WEATHER, *Dulcamara*; *Rhus toxicodendron*; *Natrum sulphuricum*; *Nux moschata*; *Rhododendron*.

Aggravation in DRY WEATHER, *Hepar sulphuris*; *Causticum*; *Nux vomica*.

Ameliorated by HOT APPLICATIONS, *Arsenicum*; *Magnesium phosphoricum*.

By COLD APPLICATIONS, *Apis mellifica*; *Pulsatilla*.

Aggravation in COLD AIR,
Hepar sulphuris; Arsenicum; Nux vomica; Silicea.

Aggravation in WARM AIR or WEATHER, *Antimonium crudum; Bryonia; Pulsatilla.*

Aggravation AFTER EATING,
Nux vomica; Bryonia; Pulsatilla; Arsenicum.

Ameliorated, *Iodine; Chelidonium; Anacardium; Petroleum.*

Aggravated after FAT FOOD, *Pulsatilla; Carbo vegetabilis.*

FAT FOOD agrees and is desired,
Nux vomica and *Nitric acid.*

All these and many more might be classed under the head of what are by some called GENERALS. Another class is termed *Particulars*, because referring to regions or particular organs, such as

DIARRHŒA aggravation in the MORNING, *Sulphur*; *Bryonia*; *Podophyllum*; *Natrum sulphuricum* and *Rumex*.

AT NIGHT, *Arsenicum*; *China*; *Mercury*; *Psorinum*.

CHEST AFFECTIONS aggravation worse when lying, *Psorinum*; *Laurocerasus*. Ameliorated when sitting, *Arsenicum*; *Kali carbonicum*.

ANAL TROUBLE, worse after stool, *Æculus*; *ALOE*; *Muriatic acid*; *Nitric acid*; *Sulphur*.

Many more there are both general and particular just as important that go to show the equal importance of modalities with Location and Sensation. To try to produce them all here would be to incorporate a large part of Bœn-

ninghausen's *Pocket Book*, and all the repertories extant.

We cannot use space to mention any of the many possible CONCOMITANTS (another of Bœninghausen's divisions), which are no less important than the preceding in the necessary "make up" of a case, but will come to the apparent

CAUSES

of diseased conditions. Bœnninghausen includes these under the head of *modalities*, but they ought in my opinion to be separated, as they often equal in importance the other three, as, for instance, was it FRIGHT? *Aconite*; *Gelsemium*; *Ignatia*; *Opium*; *Lycopodium* and *Veratrum album* occur to us.

EXPOSURE to dampness in the air? *Dulcamara*; *Rhus toxicodendron*; *Natrum sulphuricum*; *Nux moschata*; or DRY COLD air? *Aconite*; *Bryonia*; *Hepar sulphuris*; *Causticum*.

COLD BATHING? *Antimonium crudum*; *Rhus toxicodendron*; *Sulphur*.

SUPPRESSION of an ERUPTION?
Sulphur; *Psorinum*, or other anti-psoric remedies.

A badly treated or *suppressed* gonorrhœa? *Thuja*; *Medorrhinum*, etc. Always indicated by the *symptoms* which in one instance cured a long standing case of rheumatism by restoring the gonorrhœal discharge, which was suppressed by local treatment *twenty years* before. *Pulsatilla* was the remedy, and was selected on the totality of the symptoms, except the previous gonorrhœa, of which I did not know. To have known it would have been additional indication.

Is the trouble the result of SUPPRESSION OF INTERMITTENT FEVER by *Quinine* (a common sin of the

old school)? Then we may find our remedy in *Ipecac*; *Arsenicum*; *Natrum muriaticum*; *Ferrum* and others, according to indications (of course *always* according to indications).

Syphilis also comes in as one of the causes of a multitude of ills and *Mercury* and its relatives will be in demand.

All these and prominent among these are the sufferings *caused* by the abuse of drugs in old school and patent medicine vendor's hands, such as *Quinine*; *Iodide of Potassium*; *Nitrate of Silver*; *Mercury*; *Bromides*; *Opiates*; *Strychnia*; *coal tar products*, etc.

It is a lamentable fact that (whether we always recognize it or

not) we have more to do with the patching up of the dilapidated victims of old school drugging and proprietary medicines than we do with other more natural diseases. Some of the wisest of them, recognizing the damage they have done and are liable to do, are in large measure discarding medicine, and directing their efforts in the direction of sanitation and surgery.

This is the best that can be done by them. But we have a *law* of cure to guide us, and can do better.

So we might, under the head of causes, mention many more than we have, but the skillful homœopathist will not under-rate any of them in his examination of the

sick. And now, though coming late, we must not fail to call attention to another important thing for consideration, viz.:

CONSTITUTION AND TEMPER- AMENT.

SOME would have noticed this first, and it is certain that the "personel" of the patient cannot be ignored, and their diseases often present symptoms that find their similar in a certain class of drugs. Dr. T. L. Brown, one of the best prescribers I ever knew, used to say, that if he met a pure *Pulsatilla* temperament he would almost always find the symptoms and conditions to correspond. That is putting it strong, and it might be found that *Nux vomica* would be indicated in a *Pulsatilla* subject. These are the exceptions that prove the rule.

Sulphur will rarely be called for in a *Calcareo ostreorum* temperament, and *vice versa*.

Iodine, *Lycopodium* and *Nitric acid* are three of the remedies that often find their indications in brunettes, of spare habit, and so we find them the remedies oftenest adapted to the sanguine, nervous, and bilious subjects. Not only is this true in regard to the choice of remedies, but the rule holds good in the proving of drugs. The subjects most responsive to the curative action of certain remedies will also be the most susceptible to their pathogenetic effects. Some undoubtedly place too much stress upon this feature in taking the case, and thus run into routinism,

while others underestimate it. There is a point where extremes meet and form the completed circle.

Constitution and temperament must certainly come into the *totality* of the case.

This method of taking the case is the one adopted by Bœnninghausen, and the outcome was his celebrated *Therapeutic Pocket-Book*. There is another method in use, and employed by some of our best prescribers, which is also a good one, which I will illustrate by a case so taken. The symptoms are grouped under two heads:

GENERALS.

SYMPTOMS AS GIVEN BY THE PATIENT.

1. Worse from physical exertion
2. Tendency to take cold.....
3. Efforts to think made the
mind seem blank
4. Easily hurt by what people
say or do
5. Mind dwells on breaking up
of home
6. Which is a lasting grief.....
7. She could not think or remem-
ber well
8. Attacks of low spirits lasting
days
9. Has lost all ambition.....

GENERALS.

SAME AS FOUND IN THE REPERTORIES.

1. Aggravated by physical exertion
2. Tendency to take cold.....
3. Aggravation by mental exertion... ..
4. Sensitive
5. Dwells on past disagreeable events.....
6. Ailments from grief.....
7. Weakness of memory.....
8. Sadness and mental depression.....
9. Loss of ambition.....

10. Would hardly speak, even
when addressed.....
11. Fear of death if left alone....
12. Trembling when tired or ex-
cited
13. Felt as if going insane.....
14. Worse after eating sweets....
15. Always weak since scarlet
fever
16. Felt very tired.....
17. Nervous prostration.....
18. Lying down relieves.....
19. Feels tired and bad in the
morning.....
20. Great menstrual difficulty....
21. Menses profuse.....
22. Menses long lasting.....
23. Menses too early.....

- 10. Aversion to talking
- 11. Fear of solitude
- 12. Trembling externally
- 13. Fear of insanity
- 14. Aggravated by sweets
- 15. After scarlet fever
- 16. Weariness
- 17. Nervous weakness
- 18. Amel. by lying down
- 19. Agg. in the morning
- 20. Painful menstruation
- 21. Menses profuse
- 22. Menses protracted
- 23. Menses too early

PARTICULARS.

1. A bursting pain in front part
of head.....
2. Redness of the nose.....
3. Discharge from nose bloody
mucus.....
4. Nose is full of scabs.....
5. There are brown spots on the
face.....
6. An unclean taste in mouth in
morning.....
7. Intolerance of anything around
her throat
8. Stomach gets sour.....
9. Has heart burn.....
10. Sensation of stone in stomach
11. Wind in stomach

PARTICULARS.

1. Bursting pain in forehead....
2. Redness of the nose.....
3. Discharge from the nose
 bloody
4. Nose scabs.....
5. Brown spots on the face.....
6. Bad taste in the mouth
7. Throat sensitive to slightest
 touch.....
8. Sour eructations
9. Heartburn
10. Sensation of stone in the stom-
 ach
11. Flatulence in stomach.....

12. Stool is partly expelled and then recedes.....
13. Smarting pain in rectum.....
14. When not constipated stool is expelled like shot.
15. When desire for micturition is felt it has to be satisfied immediately, or urine cannot be retained.....
16. Colds of a croupy form.....
17. Hair turned gray
18. Sensation of weight on her chest.....
19. Seems as if would strangle when coughing.....
20. When hurt very excited and heart palpitates.....
21. Curvature of the spine.....
22. Spine externally sensitive to touch

- 12. Stool slips back.....
- 13. Smarting pain in rectum.....
- 14. Stool shooting out.....
- 15. Must hasten to urinate or
urine cannot be retained...
- 16. Croupy.....
- 17. Hair becomes gray.....
- 18. Heaviness in chest.....
- 19. Choking when coughing.....
- 20. Emotional excitement and pal-
pitation
- 21. Curvature of the spine.....
- 22. Back, pains, spine.....

- 23. Sudden desire for food which
 must be gratified.....
- 24. Palpitation caused by lying on
 left side.....
- 25. Upper part of spine is stiff....
- 26. Rubbing ameliorates

- 27. Burning in back.....

- 23. Ravenous appetite.....
- 24. Palpitation while lying on
left side.....
- 25. Stiffness in cervical region...
- 26. Numbness ameliorated by rub-
bing.....
- 27. Heat up the back.....

This was the case, and was one of years' standing. Before "chasing it down" in the repertories I predicted that *Phosphorus* would be the remedy. It was worked out by another physician, and when she got through the *Generals* she came to me with a smile and showed the result: *Natrum muriaticum*, 44; *Pulsatilla*, 39; *Phosphorus*, 38; *Nux vomica*, 38; *Calcarea ostrearum*, 38; *Sulphur*, 37; *Lachesis*, 32; *Mercurius*, 32.

"How about *Phosphorus*?" said she. I answered, work out the rest of it. The particulars stood: *Phosphorus*, 41; *Nux vomica*, 39; *Sulphur*, 37; *Lachesis*, 33; *Pulsatilla*, 31; *Lycopodium*, 27; *Arsenicum*, 27; *Mercurius*, 28; *Calcarea*, 25; *Natrum muriaticum* 24.

SUMMARY.

Phosphorus, 79; *Nux vomica*, 77; *Sulphur*, 74; *Pulsatilla*, 70; *Natrum muriaticum*, 68; *Lachesis*, 65; *Calcarea*, 63; *Mercurius*, 60.*

Now I do not claim that I can with certainty always predict the remedy that will come out

* After this work is donē, I find that about the first seven remedies may be taken for further comparison. Not only the *totality* of symptoms but those that are *characteristic* and *peculiar* (see *Organon*, paragraph 151), must be recognized. For instance, if with the two remedies, *Nux* and *Phosphorus* in the above case, *Phosphorus* had five *characteristics*, while *Nux vomica* had ten, the latter remedy would deserve preference, and further examination of the pathogenesis, verified and unverified, would place it there. This is where the judgment and skill of the man with long experience and practice in the art of prescribing becomes invaluable.

ahead. I remember another *Phosphorus* case in which I predicted that *Calcareo ostreorum* would be the remedy, and the result of the "hunt" placed it second. This was in the case of a physician who had been obliged to give up practice on account of an organic heart trouble. *Phosphorus* put him on his feet and set him going again in good shape.

To the skillful and experienced physician, the case so taken may sometimes stand out so prominently in its *characteristic* and *peculiar* symptoms as to carry on its very face the sure indications for the remedy. But other cases will come to us so complicated that the best of us must make long and

arduous study of it. Especially is this true in *chronic disease*.

The old saying used to be (and was sanctioned by Hahnemann) that acute diseases generally tend to recovery; chronic never. There is much truth in it.

None but the true homœopathic physician realizes the importance of thoroughly taking and working out such cases.

It is worth \$25 to \$100 to make the first study of a very difficult case, and mark out the line of treatment.

Rarely will a case come out so clearly that the cure can be performed with one remedy; but a succession of remedies will be necessary, and here is where the so-

called complementary relations of remedies come in for recognition and skillful application.

Some will object that they cannot afford to pay such a price for a single study of a case. Well, it is probable that such will pay more than that for work done over and over again, because not well done at the start; and worse still, will stand little if any chance of ever getting a *cure*. It is a clear case of "penny wise and pound foolish."

Many persons go through life invalids, patching symptoms, or temporary manifestations of disease, which, if understood and dealt with in their entirety, as they should have been at the start, they might have been well and happy.

To be sure it is for the pecuniary advantage of the physician to do that kind of patching a few dollars at a time, without *curing* it. It makes him, or some brother physician, a "job" for life. If the patient gets tired, or disgusted, and goes to Dr. A., one of Dr. A.'s patients does the same thing, and comes to him, and so the good work goes on. Physicians are about the only profession that are expected to do a good job for the same pay as a poor one.

They are not expected to charge any more for prescribing for phthisis pulmonalis or any other chronic case that takes a week of careful study to do *good* work than they do for a simple case of

indigestion from over-eating, which would get well of itself if let alone.

The physician cannot therefore in justice to himself and the family dependant upon him spend the necessary time upon it. The pay is the same. So the doctor gets discouraged because he is not paid for good work, and the patient because he, or she, gets no benefit.

The biggest humbugs on earth get more wealth out of patent nostrums, out of the "*grand elleptical Asiaticall panticurial nervous cordials*," that are warranted to cure all the ills to which flesh is heir than the most educated, able and conscientious physician in the world.

Hence there is small encourage-

ment for the educated physician, and less hope for the victims. Clairvoyants, ignorant Indians, charlatans and quacks of all shades and varieties "boom their wares," and the true physician looks on disgusted, but helpless. The people as ignorant of medicine as those who impose upon them "*want to be humbugged*," and are.

If we object we will be met with the bluff that "you are mad because you want the *money* there is in it." What do the quacks and pretenders want?

But there is after all a bright side to this picture. There are persons, and quite a good many of them, who believe in the educated

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physician as well as educated men in the other professions. They know how to appreciate the study, time, patience and pains-taking of the honest physician who works for them, and are willing to pay him. Only for this the practice of medicine, scientific medicine, would become a *lost art*.

P. S.—On reviewing the foregoing I feel constrained to add, lest we be charged with not being up-to-date, especially in pathology, that for purposes of diagnosis, prognosis, hygiene, etc., which are certainly important, the tests for evidence of disease, bacteriological, chemical, etc., should not be neglected. The urine, the sputum, blood, excretions, etc., furnish important signs.

But for purposes of *prescribing*, we do well to remember the teaching of Chas. G. Raue, who stood high both as pathologist and prescriber. He said: "The symptoms which go to make the choice of the remedy often stand outside those that go to make up the pathology of the case." Every prescriber according to *similia similibus curantur* understands this.

Once more we want to call attention to the value of Homœopathy in the line of prophylaxis. A physician of eminence was asked, "When was the proper time to begin the treatment of tuberculosis?" His answer was, "With the grand-parents."

That the weaknesses of the pa-

rents are visited upon their posterity to the third and fourth generation goes without saying, and the proper treatment and care of the mother and child in utero, through childhood, puberty, etc., to man and womanhood, is more important than is generally realized, and all this is especially within the domain of homœopathic medicine.

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